

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 99-700886	FILING DATE			
CLAIMS							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		2		1		1	53				
4		0		1	1		54				
5		0		1		1	55				
6						1	56				
7						1	57				
8						1	58				
9						1	59				
10						1	60				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1		2		TOTAL IND.				
TOTAL DEP.	5		4		14		TOTAL DEP.				
TOTAL CLAIMS	6		5		16		TOTAL CLAIMS				

PTO-1350 (2-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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